

State of Rhode Island

Office of Cannabis Regulation

1511 Pontiac Avenue, Bldg. 68-1

Cranston, RI 02920

**Medical Marijuana Change in Approved Premises Floor Plan / Operating Plan**

Use this form to request physical changes to approved premises floor plan and/or operating plan. Alteration requests must be accompanied by a site plan. Completed forms may be emailed to DBR.MMPCompliance@dbr.ri.gov or mailed to the above address.

Per 230-RICR-80-05-1.3(H)(4) “A licensed cultivator shall submit to DBR a written request for a variance…at least sixty (60) calendar days prior to the proposed effect date of the change…”

*Note: This form cannot be used to request a change to your cultivator license class.*

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| 1. **Licensee Information**
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| Licensee Name | Click or tap here to enter text. | D/B/A | Click or tap here to enter text. |
| License # | Click or tap here to enter text. |
| Location Address | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Street and Suite/Room/Unit # | City | State, Zip |

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| --- | --- | --- | --- |
| Contact Person | Click or tap here to enter text. | Phone # | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |  |

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| 1. **Alteration\* / Operating\*\* Change Information**
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| Describe the alteration / revisions (attach additional sheets of paper if needed):  |
| Click or tap here to enter text. |
| **\*Please attach a contamination mitigation plan to this form for Floor Plan change requests\*\*Please attach a revised Operating Agreement to this form for Operating change requests** |

I, the undersigned, declare under penalty of perjury that all statements made on this application are true and complete to the best of my knowledge and belief.

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| --- | --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Print Name |  |  | Title |  | Date |
|  |  |  |  |
| Signature (Licensee) |  |  |  |  |